

## STATE OF ARIZONA

## CRIMINAL HISTORY AFFIDAVIT

Prior to applying for a Fingerprint Clearance Card, please read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.

Applicant's Name (First, Middle, Last)                      Social Security Number                      Birthdate                      Area Code and Phone #

Applicant's Address (No., Street, City, State, Zip)

Facility Name

Facility Address (No., Street City, State, Zip)

BHL/CDC/SGH #

Arizona Department of Public Safety Application No.

*(Administrative Office of the Supreme Court, State Board of Education [Teacher Certification], Arizona Department of Education, Arizona Department of Economic Security, Arizona Department of Health Services and Arizona Department of Juvenile Corrections)*

A person who is awaiting trial on or who has been convicted of committing one or more of the following offenses in this state or similar offenses in another state or jurisdiction is precluded from receiving a **Class II** Fingerprint Clearance Card. If found to be awaiting trial on or convicted of committing one or more of the following offenses the person **MAY NOT** petition the Board of Fingerprinting for a good cause exception hearing.

Yes   No

1. Sexual abuse of a minor.
2. Incest.
3. First or second-degree murder.
4. Sexual assault.
5. Sexual exploitation of a minor
6. Commercial sexual exploitation of a minor.
7. A dangerous crime against children as defined in A.R.S. § 13-604.0 1.
8. Child abuse.
9. Sexual conduct with a minor.
10. Molestation of a child
11. Exploitation of minors involving drug offenses.

A person who is awaiting trial on or who has been convicted of committing one or more of the following offenses is precluded from receiving a **Class II** Fingerprint Clearance Card, except that the person **MAY** petition the Board of Fingerprinting for a good cause exception hearing pursuant to A.R.S. § 41-619.55.

Yes   No

1. Arson.
2. Felony offenses involving contributing to the delinquency of a minor.
3. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
4. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotics.
5. Burglary.
6. Aggravated or armed robbery.
7. Robbery
8. Kidnapping.
9. Manslaughter.
10. Assault or aggravated assault.
11. Driving under the influence of intoxication liquor or drugs as prescribed in A.R.S. § 28-1381 or extreme driving under the influence of intoxication liquor or drugs as prescribed in A.R.S. § 28-1382 or aggravated driving under the influence of intoxication liquor or drugs as prescribed in A.R.S. § 23-1383.
12. Offenses involving domestic violence.

The offenses and statutory references listed on the previous page may be modified at any time due to legislative action. For the current list of legislatively mandated precluded offenses refer to A.R.S. § 41-1758.03.

If the Department of Public Safety is unable to determine within 15 business days of receipt of the person's state or federal criminal history record information whether the person is awaiting trial on or has been convicted of committing any of the offenses listed on the previous page, the department MAY NOT issue a Class 11 Fingerprint Clearance Card (A.R.S. § 41-1758.03.O). However, the person MAY request a good cause exception hearing pursuant to A.R.S. § 41-619.55.

Pursuant to A.R.S. § 36-88'D.02(G)(2)(J), A.R.S. §41-1964(B)(2)(3)

Yes      No

1. Parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201.11.
2. Had a license or certificate to operate a facility for the care of children denied or revoked in this or any other state.

Pursuant to A.R.S. § 46-141

Yes      No

1. Have you ever committed any act of sexual abuse of a child including sexual exploitation and commercial sexual exploitation or any act of child abuse?

Applicant's Name (please print)

Date

#### NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
*Applicant's signature*

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year).

My commission expires:\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public's Signature*